California MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

Volume 83 SEPTEMBER 1955 Number 3

The Practical Management of Dizziness

JOHN R. LINDSAY, M.D., Chicago

• *The problem of dizziness is greatly simplified if: (1) A definite routine is followed in the history taking and the steps of the examination; (2) the examination is done in two stages; and (3) a simple classification is used in cases of dizziness of vestibular origin whereby three groups are distinguished on the basis of localization of the origin. The etiologic diagnosis is thereby narrowed down to a relatively few possibilities.*

The treatment consists of measures to relieve the symptoms and to reverse the underlying disease which produced the symptoms.

DIZZINESS is one of the common complaints to be heard in a physician's office. It may occur in a variety of systemic diseases as well as in the more localized disturbances of the inner ear.

The management of the patient with dizziness often presents a somewhat confusing and time-consuming problem. The problem arises mainly because of the broad field to be covered in differential diagnosis and the frequent lack of definite clues to indicate the cause.

The first objective in dealing with this complaint is to determine, if possible, whether the dizziness is true vertigo arising from the vestibular system in the ear and its central nervous connections, or whether it arises from some other system of the body which is concerned with equilibrium.

Ocular disturbances, especially if they are of recent origin, may affect equilibrium, particularly during motion, and cause a complaint of confusion or lightheadedness. They do not cause a sense of rotation or turning such as occurs in vertigo of vestibular origin.

The body depends also on kinesthetic sense for maintenance of position and equilibrium. A disturbance of this sense in such diseases as locomotor ataxia or syringomyelia may cause impairment of equilibrium during motion.

Diseases of the circulatory system are more frequently a source of a complaint that may be confused with true dizziness or vertigo. Persons who are subject to attacks of syncope may use the term "dizzy spell" or "blacking out." Certain syndromes such as the carotid sinus syndrome and Stokes-Adams syndrome may cause the complaint of "dizziness." These circulatory disturbances are not likely to cause a true sense of rotation or movement. If there has been a definite loss of consciousness lasting at least for a few moments, the attack is probably not due to a vestibular disturbance but the origin is likely to be found in the circulatory system or more rarely in the cerebral cortex.

Dizziness is a subjective sensation and may be met with in persons with an unstable psychic make-up. There is real doubt as to whether vestibular vertigo with its accompanying nystagmus, ataxia and vegetative symptoms can be caused entirely by psychic disturbance. There has been ample evidence that Meniere's disease or hydrops of the labyrinth

Guest Speaker's Address. Presented before the First General Meeting at the 84th Annual Session of the California Medical Association, San Francisco, May 1-4, 1955.

California MEDICINE

For information on preparation of manuscript, see advertising page 2

EDITORIAL

Poliomyelitis Vaccination

SURGEON GENERAL SCHEELE and Associate Director of Laboratories* Shannon conclude their final report "The Public Health Implications in a Program of Vaccination Against Poliomyelitis"† with the statement: "Final decision on the use of vaccine remains the responsibility of individual physicians and health officers."

Millions of words have been written about the current experience with poliomyelitis vaccine. It has been said that not twenty men in the country could successfully negotiate all the ramifications of what actually happened. Few physicians are in a position to have complete knowledge of this entire affair but it is certainly necessary for them to study the facts and conclusions which have been presented in order to arrive at a decision which will guide them in discharging their responsibility for the administration of vaccine. Many theoretical conclusions must be decided by expert virologists but very many of the observations are entirely intelligible to the alert clinician.

The Francis evaluation of the field trials described a carefully planned scientific experiment on a fairly large scale. This report was completely reassuring in the matter of safety, it detailed a convincingly encouraging response in antibody production and supported the belief that a considerable degree of clinical protection was thus established, especially against the severer manifestations of poliomyelitis.

Transition to mass production of the vaccine, approval by the Public Health Service, and institution of nationwide administration were impetuously effected. There was little time or opportunity for examination of the field trial results by those with the ultimate responsibility of carrying out the authoritarian directive for mass immunization. Some protests were heard but many were silenced by the hope that we stood on the brink of an effective control measure for this serious problem. Difficulties which might have been anticipated were not foreseen. Physicians cannot lightly escape responsibility but voices once stilled cannot now be raised too loudly in protest.

Although the Francis Report promised complete safety of the vaccine, it was quickly discovered that under the conditions of routine application this assurance was not entirely borne out. Paralysis occasionally followed vaccination and the time interval of its appearance and localization to the injected extremity paralleled the experience of twenty years ago in which a crude vaccine later found to contain live virus was used on a small scale for similar purpose. A further disturbing development was the appearance of secondary cases of paralytic disease in the families of inoculated children.

These bad effects were most frequent with the product of a single manufacturer but were not encountered in all lots from this source prepared by identical methods nor even in any great number of children injected with the same lot of vaccine. Although most of these unpleasant incidents occurred with vaccine from this single source, other sequelae of persuasive similarity followed the use of vaccines produced by other manufacturers.

Early efforts to explain away these difficulties on the basis of pure chance, or from the use of vaccine during the incubation period of naturally acquired disease, or from the possible provocative effect of any injection in precipitating paralytic symptoms all quickly collapsed and almost every observer was soon convinced that these particular results could only be due to the persistence in the vaccine of some live virus which had escaped the killing effect of formalin.

The mass administration of vaccine was inadvertently a controlled experiment in which paralytic poliomyelitis occurred in numerous patients injected with some lots from one manufacturer, in occasional preparations from at least one other laboratory, and perhaps not at all from still other sources, the observed number of cases being sufficiently great to indicate that the sequelae were owing to essential differences in the vaccine preparations. One of the most convincing items of clinical evidence that live virus must have persisted in some of the preparations was that relatively so many children age one

*Of the National Institutes of Health.
†J.A.M.A., 158:1249, August 6, 1955.

California MEDICAL ASSOCIATION

NOTICES & REPORTS

Executive Committee Minutes

Tentative Draft: Minutes of the 251st Meeting of the Executive Committee of the California Medical Association, Sir Francis Drake Hotel, San Francisco, July 20, 1955.

The meeting was called to order by Chairman Heron in the Tamalpais Room of the Sir Francis Drake Hotel, San Francisco, on Wednesday, July 20, 1955, at 4:00 p.m.

Roll Call:

Present were President Shipman, President-Elect Charnock, Speaker Doyle, Council Chairman Lum, Auditing Committee Chairman Heron and, ex-officio, Secretary Daniels and Editor Wilbur.

A quorum present and acting.

Present by invitation were Messrs. Hunton, Thomas, Clancy and Gillette of C.M.A. staff, legal counsel Hassard, consultant Waterson, Mr. K. L. Hamman of California Physicians' Service and Drs. A. A. Morrison, Robert C. Martin, Dan O. Kilroy and Edward C. Rosenow, Jr.

1. *Membership:*

(a) On motion duly made and seconded, members who had become delinquent and had subsequently paid their current dues were reinstated.

(b) On motion duly made and seconded in each instance, eight (8) applicants were voted Retired Membership. These were: J. Elliott Royer, Alameda-Contra Costa County; Roland Cummings, Riley Russell, Los Angeles County; Ira J. Clark, R. Manning Clarke, San Diego County; William H. Banks, George J. McChesney, San Francisco County; and Edward C. Faulkner, San Joaquin County.

(c) On motion duly made and seconded in each instance, 23 applicants were voted Associate Membership. These were: Jacob L. Bernstein, Milton G. Crane, David N. Grey, G. David Hartson, John Reynolds, Seth W. Smith, Ellen Mae Vogel, R. Stanley Woodward, Bruce V. Leamer, George B. Lewis, Los Angeles County; Harry K. Danielson, Zana Burkhart, Napa County; Bill C. Garoutte, Robert J. Roantree, David H. Wilson, San Francisco County; Thomas Doody, San Joaquin County; Willard S. Osibin, Herbert O. Swartout, San Luis Obispo County; Oliver M. Henderson, Santa Clara County; Harvey E. Robins, Santa Cruz County; Ynez C. Tyler, Solano County; and Ivan N. Radeff, Cecil P. Jones, Ventura County.

(d) On motion duly made and seconded in each instance, reductions of dues were voted for 21 applicants for reasons of postgraduate study or protracted illness.

2. *Rollen Waterson Associates:*

Mr. Waterson requested the approval of Stanford Research Institute as the body to make a pilot study of physician-patient relationships, using San Mateo County as the initial testing ground. After considerable discussion, it was agreed to defer action on this request at this time but to bring the matter before the Council after additional information has been secured.

3. *Crippled Children's Services:*

Dr. Robert C. Martin, one of the Association's appointees to a special committee to assist the State Department of Public Health evaluate the qualifications of certificated osteopathic specialists for service under the Crippled Children's Act, reported for